

Send an email to databaseteam@awpgadb.com to request a mailing address where you can send the completed form.

IMPORTANT: REMEMBER TO SUBMIT UPDATES TO THE DATABASE THROUGHOUT YOUR DOG'S LIFETIME. ALSO SUBMIT DATE OF DEATH/CAUSE OF DEATH.

Submitter Info

Name: _____ Address: _____
 City: _____ State/Prov: _____ Country: _____
 Zip/Postal Code: _____ Phone: _____
 Email: _____

Owner Info Same as Submitter (otherwise enter below)

Name: _____ Address: _____
 City: _____ State/Prov: _____ Country: _____
 Zip/Postal Code: _____ Phone: _____
 Email: _____

Breeder Info Same as Submitter (otherwise enter below)

Name: _____ City: _____ State/Prov: _____ Country: _____

Dog Info

Registered Name: _____ Call Name: _____
 Sex: Male Female Spayed/Neutered? Yes No If yes, date of spay/neuter: _____
 For males: Available at stud Frozen semen available
 Registration #: _____ Registry (AKC, CKC, NAVHDA, etc.): _____ Limited Registration? Yes No
 Microchip #: _____ Chip Registry (Home Again, etc.): _____ DNA #: _____
 Tattoo Description/#: _____ Tattoo Location: _____

Sire/Dam Info

Sire's Registered Name: _____ Sire's Call Name: _____
 Sire's Registration #: _____ Registry (AKC, CKC, NAVHDA, etc.): _____
 Dam's Registered Name: _____ Dam's Call Name: _____
 Dam's Registration #: _____ Registry (AKC, CKC, NAVHDA, etc.): _____

Dog's Physical Traits

Height: _____ Weight: _____ Body Length: _____ Bite: Scissor Over Under Level Wry
 Coat Color: Brown (liver) Brown & Gray Chestnut Chestnut & Gray Steel Gray Other _____
 Markings: Roan Ticked Coat Length: _____ Coat Type: Straight/flat Slightly wavy Curly
 Coat Density: Dense Medium dense Open Source of Density Rating: Owner NAVHDA
 Coat Texture: Harsh Medium harsh Soft Fluffy Source of Texture Rating: Owner NAVHDA
 Nose Color: Brown Black Eye Color: Brown Dark Brown Light Brown Yellow

Dog's Health

Deceased Date of death: _____ Cause of death: _____ Euthanized? Yes No
 Describe other health issues (for example – seizures, hip dysplasia, allergies, etc.): _____

Health Certifications (fill in below, or submit photocopies of certificates)

Test Date	What Was Tested (hips, elbows, eyes, thyroid, etc)	Evaluated By (OFA, PennHIP, etc)	Results/Certification #

Titles Earned
